

General Dental Practice Inspection (Announced)

Cader Dental Practice, Dolgellau

Inspection date: 12 November
2019

Publication date: 13 February
2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	22
4.	What next?	26
5.	How we inspect dental practices	27
	Appendix A – Summary of concerns resolved during the inspection	28
	Appendix B – Immediate improvement plan	29
	Appendix C – Improvement plan	30

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cader Dental Practice at Cader Road, Dolgellau, Gwynedd, LL40 1RJ on the 12 November 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Cader Dental Practice, Dolgellau provides a friendly and professional dental service to their patients.

Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service they had received.

However, we identified a number of areas which need to be improved to support the delivery of safe and effective care.

This is what we found the service did well:

- The practice is committed to providing a positive experience for patients.
- Seeking the views of patients
- Appropriate arrangements were in place for the safe use of x-ray
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- Patients clinical records
- Ensure any rusty handles on cabinetries unit in the surgery are replaced
- Ensure that the window in the surgery is re-sealed
- The practice must implement a programme of clinical audits
- Implementation of clinical peer review to take place and formal records to be maintained.

3. What we found

Background of the service

Cader Dental Practice is a private only dental practice and provides services to patients in the Dolgellau area.

The practice has a staff team which includes one principal dentist, one dental nurse and a part time administrative support.

The practice provides a range of private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive. All patients who completed a questionnaire rated the care and treatment received as excellent or very good.

Some of the comments provided by patients on the questionnaires included:

"Never anything less than excellent"

"Love this practice and their staff"

"Excellent team"

"Big star"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"Excellent as it is"

"Already excellent and brilliant dentist and staff"

"Very good"

"It's all excellent"

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available in the reception and waiting area which meant patients had access to information that could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

All patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We noted that information on prices was available by the reception area which meant patients had access to information on how much their treatment may cost.

A sign displaying 'No Smoking' was displayed which confirmed the emphasis being placed on compliance with smoke free premises legislation¹.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements in place to protect patients' privacy, including an area for patients to have private conversations with staff.

We noted that the 9 Principles as set out by the General Dental Council (GDC)² was available to patients upon request in the practice. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

² <https://standards.gdc-uk.org/>

Patient information

All patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about the available treatment options and cost before they received any treatment.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area.

The practice had its own patient information leaflet which was available in the waiting area. The leaflet contained all the information required by the regulations.

Communicating effectively

All patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. We were informed that one member of staff can communicate bilingually with patients. However, we found that this service was not being promoted. The practice agreed to arrange for the Iaith Gwaith poster to be displayed by the reception desk. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

Improvement needed

Ensure that the practice promotes the Welsh language services available to patients.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

All but two patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. An emergency number was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main

entrance, provided on the answer phone message, website and in the patient information leaflet.

All patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

We considered a sample of patient records and found that consent to treatment was obtained from each patient.

We saw evidence that patients' medical histories were reviewed and updated at each treatment appointment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

The practice is located on the ground floor and is fully accessible for patients with mobility difficulties. Wheelchair users could access the reception, waiting area, toilet facility and the dental surgery.

Listening and learning from feedback

We saw that the practice had a written complaints policy in place. The procedures for making a complaint or how to raise a concern were clearly on display in waiting area. However, the notice did not contain the contact details for HIW as the registration authority. We were verbally assured that the policy will be updated. We received confirmation following our visit that the policy has been reviewed and updated.

We saw evidence that the practice had systems in place to record, monitor and respond to any complaints received. At the point of inspection there had not been any formal complaints received by the practice.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Details of all feedback analysis are discussed with the dental team and we

saw the latest survey results which were positive. We also saw that the practice displayed an analysis of the patient feedback in the waiting area. This demonstrated to patients visiting the practice, that their feedback had been captured and acted upon to enhance learning and service improvement.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the practice was being run with the intention of meeting the regulations and other relevant legislation and guidance to ensure the health, safety and welfare of staff and patients.

However, we did identify some improvements were needed in the surgery and decontamination room.

We also identified the need to implement a programme of clinical audits and clinical peer review to ensure the practice focussed on continually improving the service it provides.

Safe care

Managing risk and promoting health and safety

There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. However, we did note that flooring behind reception had been damaged. We were verbally assured that the floor will be repaired. We received confirmation following the visit that plans have been put in place for the floor to be repaired immediately.

We also noted that there were several electricity meters located in main entrance lobby area. Not all of the meters had been securely boxed to the wall. In order to prevent unauthorised access to the meters we recommended that all of the electricity meters are securely boxed. We were informed by the principal dentist that the electricity meters were the responsibility of the landlord and arrangements will be made.

There were toilet facilities for use by staff and patients. The facilities were clearly signposted.

Both the principal dentist and dental nurse had received fire training. We were informed by the registered manager that arrangements are in place for the

administrative support to receive in-house fire training. Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months.

Emergency exits were visible and a health and safety poster was displayed within the practice. Regular fire drills took place and were recorded.

The practice had a range of policies and procedures in place and we saw the latest risk assessments which had been completed by a third party organisation. We noted that the report had highlighted some recommendations for the practice to take forward. We discussed the risk assessments with the registered manager who verbally assured us that the identified actions will be investigated and implemented.

We noted that the practice had various procedures in place for the maintenance of the building and to ensure business continuity of care. However, we found that the practice did not have a dedicated buildings maintenance policy or a business continuity plan in place. The registered manager verbally assured us that all various procedures will be reviewed and a dedicated policy and plan developed. We received confirmation immediately following our visit that the practice has developed a dedicated buildings maintenance policy and a business continuity plan.

Improvement needed

Ensure that the flooring behind reception is repaired.

Ensure that all electricity meters located in the lobby area are securely boxed.

Ensure that the administrative support receives in-house fire training.

Ensure all actions identified in the H&S and Fire risk assessments are investigated and implemented.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

Technical Memorandum (WHTM) 01-05³. The facility was clean, organised and well equipped. However, we noted that the flooring in the decontamination room needed to be sealed to aid effective cleaning. We also noted that the worktop surface behind the sink needed to be re-sealed as this posed an infection control issue with the risk of cross contamination. The registered manager immediately arranged for these areas to be re-sealed during our visit.

We considered the arrangements for decontamination and our observations of this process were satisfactory. Staff demonstrated the decontamination process and our observations included:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection
- Instrument storage containers were sturdy and had lids.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. We saw certificates showing all clinical staff had attended training on decontamination.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for the autoclave⁴ use and we saw evidence that start and end of the day safety checks were taking place.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping, cleaning regimes and training.

³ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

⁴ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

We saw evidence that an infection control audit had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. The infection control audit had been completed and we saw evidence that the resulting action plan had been actioned.

The practice had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. However, we did recommend that the practice arranges for the hazardous (clinical) waste bin located by the main entrance to be secured to the wall. We received notification following our visit confirming that the waste bin had been chained securely to the fence.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up-to-date cardiopulmonary resuscitation (CPR) training. However, we noted that the first aider was due to renew their training. We received confirmation following our visit that relevant training had been arranged.

The emergency drugs and equipment were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that the practice had a system in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. However, we noted that these checks were being undertaken on a monthly basis. We recommended that the practice undertakes weekly checks of all equipment and emergency drugs in accordance with standards set out by the Resuscitation Council (UK).

We found that the oxygen cylinder was checked daily by staff. We noted that the oxygen cylinder was due to receive its annual service. We recommended that the practice includes servicing of the oxygen cylinder to their programme of annual maintenance checks. We received confirmation following our visit that arrangements had been put in place for the oxygen cylinder to be serviced.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

Improvement needed

Ensure that a member of staff is trained in first aid.

Ensure all emergency drugs and equipment are checked weekly.

Ensure that oxygen cylinder is serviced annually.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk, and there were safeguarding policies in place.

The practice had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults

Staff we spoke with, confirmed they felt able to raise any work related concerns they may have with the principal dentist and were confident these would be acted upon.

The practice described the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included checking of references and undertaking Disclosure and Barring Service⁵ (DBS) checks on staff appropriate to the work they undertake. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

⁵ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Medical devices, equipment and diagnostic systems

We looked at the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently and was visibly clean. However, we did note that some of the handles on the drawers and cupboards in the surgery had some rust. We recommended that any rusty handles are replaced to aid effective cleaning. We received confirmation following the visit that replacement handles had been ordered.

We also found that the window in the surgery was leaking. We were assured by the registered manager that plans are in place with the landlord of the premises for the window to be fixed. Given the location of the premises and the window, scaffolding will need to be erected. The registered manager confirmed that workmen had already visited the site to carry out an assessment in order for the window to be re-sealed. We were also informed that once the window has been re-sealed, the surgery and decontamination room will be redecorated.

The surgery has two doors. One door is used by the patient to enter the surgery and one door is used by staff to access the staff room. However, there was no 'staff only' sign on the door. We did recommend that a 'staff only' sign is displayed on the door to the staff room. We also recommended that the door to the staff room is locked when reception is unattended.

We saw that the X-ray machine had been serviced and we saw the maintenance documentation. We also saw evidence of up-to-date ionising radiation training for the principal dentist.

We found no evidence that the practice had undertaken any annual image quality assurance audits of X-rays. However, we were verbally assured these had been completed but could not be located on the day of our inspection.

Improvement needed

Ensure that any rusty handles on the drawers and cupboards in the surgery are replaced.

Ensure that the window in the surgery is re-sealed.

Ensure that a 'staff only' sign is displayed on the staff room.

Ensure door to the staff room is locked when reception is unattended.

Ensure that the completed annual image quality assurance audits of X-rays are forwarded to HIW.

Effective care

Safe and clinically effective care

We were able to see that some audits had been completed by the practice such as; cross infection, clinical records, oral cancer, staff files and patients feedback. However, the practice did not have a clinical audit policy or a dedicated programme in place for undertaking a wide range of clinical audits. We recommend that the practice develops a clinical audit policy, as required by the regulations, which sets out a programme of audits across the year, and which should also include the Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing and smoking cessation audits. We advise that the practice make use of the Health Education and Improvement Wales (HEIW) audit templates to support them with the audit programme.

Improvement needed

The practice must develop a clinical audit policy and implement a wider programme of clinical audits.

Quality improvement, research and innovation

The practice confirmed that they have not used the HEIW Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas. We would advise that the practice consider a form of self evaluation.

The registered manager confirmed that no peer review of clinical staff have taken place at the practice. Peer review provides an opportunity for dentists to get together to review aspects of the practice. The aim is to share experiences and identify areas in which changes can be made with the objective of improving the quality of service offered to patients. We strongly recommend the implementation of some clinical peer review for the principal dentist.

Improvement needed

Implementation of clinical peer review to take place.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

A sample of patients' records completed by the principal dentist was reviewed.

Overall, there was evidence that the practice as a whole is keeping satisfactory clinical records. However, we did identify several areas for improvement.

We discussed with the principal dentist the importance of recording the baseline BPE for patients and recording cancer screening. These were highlighted as a formal area of improvement during our last inspection. We strongly recommend that the principal dentist reviews the British Periodontal Society guidelines and also review the Delivering Better Oral Health guidelines. We received confirmation following the visit that the principal dentist has reviewed and updated the information with regards to periodontal guidance to ensure the practice is following correct guidelines.

We also recommend that more detail is recorded of the treatment options discussed with patients and more detail recorded on any oral hygiene and diet advice given to patients.

Improvement needed

Recording and updating of baseline BPE and cancer screening.

Principal dentist to review the British Periodontal Society guidelines and the Delivering Better Oral Health guidelines.

More detail to be recorded of the treatment options discussed with patients and oral hygiene and diet advice given to patients.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The staff team were competent in carrying out their duties and responsibilities with strong commitment to providing high quality service to their patients.

We saw that staff had completed training in a number of areas, which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the practice had a range of policies and procedures in place.

Governance, leadership and accountability

The owner of Cader Dental Practice is the principal dentist, registered manager⁶ and the nominated responsible individual⁷.

Staff told us that they were confident in raising any issues or concerns directly with the principal dentist and felt well supported in their roles.

⁶ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

⁷ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry regulations 2017)

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff were committed to providing a high standard of care for their patients.

Staff were supported by a range of policies and procedures, which were available electronically and in hard copy. We saw evidence showing staff had signed the policies to confirm they had been read and understood. However, as required by the Private Dentistry (Wales) Regulations 2017, we found that the following policies were not in place:

- The recruitment, induction and retention of employees, their employment conditions and training requirements
- The ordering, recording, administration and supply of medicines to patients
- The arrangements for emergency contingencies which ensure the continuous safe running of the private dental practice
- The arrangements for dealing with medical emergencies which ensure that staff who may be involved in dealing with a medical emergency receive appropriate training.

We also recommended that the practice reviews the following key procedures and develop dedicated policies:

- The arrangements for acceptance of patients
- The arrangements for assessment, diagnosis and treatment of patients
- Ensuring that the premises used for the purpose of carrying on the private dental practice are at all times fit for that purpose
- Monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment
- Identifying, assessing and managing risks to employees, patients, visitors and those working in or for the purposes of the practice
- The creation, management, handling and storage of records and other information
- The provision of information to patients and others including clear notifications to patients of any charges payable for private dental services

- The recruitment, induction and retention of employees, their employment conditions and training requirements

As some key policies were in need of developing we recommended that the registered manager reviews all of the practice policies and procedures to ensure they are in line with the requirements of the standards and regulations. We received confirmation following the inspection that all policies and procedures have been reviewed and where required, new policies developed in line with the Private Dentistry (Wales) Regulations 2017.

It was evident from our discussions with the registered provider that they lacked awareness and understanding of the regulations. We strongly recommend that the registered manager reviews and improves their knowledge of the Private Dentistry (Wales) Regulations 2017.

We saw a copy of the statement of purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance in place. The practice also had a current public liability insurance certificate available.

Improvement needed

The registered manager must undertake a thorough review of all policies and procedures and ensure that all policies required by the regulations are in place.

The registered manager must improve their knowledge and understanding of the Private Dentistry (Wales) Regulations 2017.

Staff and resources

Workforce

We noted that staff had a contract of employment that was retained in staff files. We also saw that the practice had an induction programme in place, which covered training and relevant policies and procedures.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles, and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that the practice holds regular team meetings and we saw there were detailed records being kept on file. For any member of staff unable to attend, the

minutes are brought to their attention by the principal dentist. This ensures that all staff are aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all clinical staff.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the worktop surface behind the sink; and the flooring in the decontamination room needed to be sealed.	Posed an infection control issue with the risk of cross contamination.	We brought this to the attention of the principal dentist who immediately arranged for the areas to be re-sealed.	All areas identified were re-sealed during our visit to aid effective cleaning.

Appendix B – Immediate improvement plan

Service: Cader Dental Practice, Dolgellau

Date of inspection: 12 November 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non compliance issues identified on this visit.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Cader Dental Practice, Dolgellau

Date of inspection: 12 November 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
Ensure that the practice promotes the Welsh language services available to patients.	3.2 Communicating effectively	Poster of the Welsh language is on the door of the reception now	Uday Georgis	
Delivery of safe and effective care				
Ensure that the flooring behind reception is repaired.	2.1 Managing risk and promoting health and safety; PDR 22	The damaged part of the floor is now repaired following HIW recommendation	Uday Georgis	
Ensure that all electricity meters located in the lobby area are securely boxed.		The electricity meter in the lobby is boxed and secured by the landlord	Uday Georgis	

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Ensure that the administrative support receives in-house fire training.		She booked and done the course online and waiting for another one in-house in the future	Uday Georgis	
Ensure all actions identified in the H&S and Fire risk assessments are investigated and implemented.		All identified actions in the H&S and fire risk assessments are investigated and implemented	Uday Georgis	
Ensure that a member of staff is trained in first aid.	2.6 Medicines Management; PDR 22 and 31	I am a certified first aider now following I took a course	Uday Georgis	
Ensure all emergency drugs and equipment are checked weekly.		All emergency drugs and equipment started to be checked weekly now	Uday Georgis	
Ensure that oxygen cylinder is serviced annually.		The oxygen cylinder booked to be serviced annually	Uday Georgis	
Ensure that any rusty handles on the drawers and cupboards in the surgery are replaced.	2.9 Medical devices, equipment and diagnostic systems; PDR 13	The rusty handles of certain cupboards in the surgery are replaced	Uday Georgis	
Ensure that the window in the surgery is re-sealed.		All windows around the practice are now sealed and painted from outside and inside	Uday Georgis	

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Ensure that a 'staff only' sign is displayed on the staff room.		Staff sign is displayed on the staff room now	Uday Georgis	
Ensure door to the staff room is locked when reception is unattended.		We started to lock the staff room door when there is no receptionist	Uday Georgis	
Ensure that the completed annual image quality assurance audits of X-rays are forwarded to HIW.		Done, please check the downloaded doc	Uday Georgis	
The practice must develop a clinical audit policy and implement a wider programme of clinical audits.	3.1 Safe and Clinically Effective care; PDR 16	They are all been done and implemented	Uday Georgis	
Implementation of clinical peer review to take place.	3.3 Quality Improvement, Research and Innovation; PDR 16	Started doing clinical peer review with a practice away from us (in Shrewsbury) after we failed to get response from the other practices in the area	Uday Georgis	
Recording and updating of baseline BPE and cancer screening.	3.5 Record keeping; PDR 20	BPE Started to record more than what we have already done and cancer screening records started to be recorded as well	Uday Georgis	

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Principal dentist to review the British Periodontal Society guidelines and the Delivering Better Oral Health guidelines.		British Periodontal Society guidelines reviewing started following HIW visit enable me delivering better oral health instructions	Uday Georgis	
More detail to be recorded of the treatment options discussed with patients and oral hygiene and diet advice given to patients.		The details in the records started to be more than before following the HIW visit about treatment options discussion, advices	Uday Georgis	
Quality of management and leadership				
The registered manager must undertake a thorough review of all policies and procedures and ensure that all policies required by the regulations are in place.	Governance, Leadership and Accountability; The Private Dentistry (Wales) Regulations 2017	Policies reviewed annually by me and this is demonstrated already by the date on the bottom of the policies	Uday Georgis	
The registered manager must improve their knowledge and understanding of the Private Dentistry (Wales) Regulations 2017.		I read all the book that was recommended by the HIW staff last visit 12/11/2019	Uday Georgis	

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Uday Georgis

Job role: Dentist

Date: 20/01/2020